

U.S. DEPARTMENT OF AGRICULTURE  
RURAL DEVELOPMENT  
FARM SERVICE AGENCY  
**PLAN CERTIFICATION**

(Property Name/Applicants Name and Case Number)	
(Property Address)	(City)
(County)	(State)

BUILDING TYPE: ☐ Single Family ☐ Multi-Family  
PLANS: ☐ Original ☐ Modifications

I, \_\_\_\_\_ being a \_\_\_\_\_  
(type or print) (licensed architect, engineer, or authorized building official, etc.)  
in the State of \_\_\_\_\_, hereby certify that I have reviewed:

☐ the plans and specifications dated \_\_\_\_\_ prepared by \_\_\_\_\_  
(name of firm or individual)  
for the above property

☐ the thermal performance plans, specifications and calculations dated \_\_\_\_\_  
prepared by \_\_\_\_\_ for the above property  
(name of firm or individual)

☐ the seismic design (plans and specifications) dated \_\_\_\_\_ prepared by \_\_\_\_\_  
\_\_\_\_\_ for the above property  
(name of firm or individual)

☐ modifications listed below, that have been clearly indicated on the drawings and specifications  
dated \_\_\_\_\_ prepared by \_\_\_\_\_ and certified by \_\_\_\_\_  
(name of firm or individual) \_\_\_\_\_ and related to the above property.  
(name of firm or individual)

MODIFICATIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based upon this review, to the best of my/our knowledge, information, and belief, these documents comply with the:

\_\_\_\_\_ and  
(name and edition of the applicable development standard)

\_\_\_\_\_  
(name and edition of the applicable energy standards/requirements  
in accordance with RD Instruction 1924-A, Exhibit D)

designated as the applicable Rural Development or Farm Service Agency development standards for this project.

I understand the purpose of this certification is to induce United States Government to finance the construction of the above project and plan. I further understand that false certification constitutes a violation of 18 U.S.C. Section 1001 punishable by fine and/or imprisonment and, in addition, may result in debarment from participating in future government programs.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Type or print name)

\_\_\_\_\_  
(Professional Registration No.)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Expiration Date if applicable)

\_\_\_\_\_  
(Area Code + Telephone Number)